



Electronic submission of Surcharge Statement Packages and Payments is strongly encouraged.
Submission of Surcharge Statement Packages and all back-up may be emailed to surchargeinfo@lacsd.org.
Online payments can be made at lacsd.org

**INSTRUCTIONS FOR FILING A
HOSPITAL
WASTEWATER TREATMENT USER CHARGE STATEMENT**

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LOS ANGELES COUNTY SANITATION DISTRICTS
1955 Workman Mill Rd., P.O. Box 4998, Whittier, CA 90607-4998
Robert C. Ferrante, Chief Engineer and General Manager

**INSTRUCTIONS FOR FILING A HOSPITAL
WASTEWATER TREATMENT USER CHARGE STATEMENT**

PURPOSE OF WASTEWATER TREATMENT USER CHARGE

Since July 1, 1972, the Sanitation Districts have been required by Federal and State regulations to collect revenue from non-residential users of the public sewerage system to pay for wastewater disposal costs. The Sanitation Districts have established a Surcharge (User Charge) Program to comply with these regulations and to ensure that users of the Districts' sewerage system pay their fair share of wastewater treatment costs.

HOSPITALS REQUIRED TO FILE

All acute care hospitals within the Sanitation Districts are required to pay their appropriate share of wastewater disposal costs based upon typical wastewater flows measured at such facilities. The Hospital User Charge Statement is required to be filed by any acute care hospital discharging wastewater directly or indirectly to the sewerage system of the Sanitation Districts.

SECURED PROPERTY TAX BILLS

Please submit a copy of the secured Property Tax Bill for each contiguous parcel of land occupied by your facility. This information will be used to determine if additional wastewater treatment charges have been paid through the Service Charge Program. Without these documents, an evaluation of duplicate payment cannot be completed.

EXPLANATION OF HOSPITAL USER CHARGE STATEMENT

The Hospital User Charge Statement has been developed to simplify the wastewater treatment filing procedures for hospitals by developing a flat rate charge per occupied bed. This charge is based on data developed by the U.S. Environmental Protection Agency (EPA) in its Development Document for Interim Final Effluent Limitations Guidelines and Proposed New Source Performance Standards for the Hospital Point Source Category. In this document, the EPA recommended the waste loads from hospitals be quantified on a "per occupied bed" basis. Average raw waste characteristics were developed for flow, chemical oxygen demand (COD), and suspended solids (SS), which are the charge criteria used in the Sanitation Districts' existing wastewater Surcharge Program. The average raw waste characteristics were used with Sanitation Districts' current wastewater treatment surcharge rates to determine "per occupied bed" user charges. Please submit verification of the figures given in the User Charge Statement by forwarding a copy of your "Patient Census Statistics" as filed in your most recent Accounting and Reporting Manual for California Hospitals that is annually submitted to the office of Statewide Health, Planning and Development, Health Data Vision.

Should your hospital wish to file a "Long Form" or "Short Form" Wastewater Treatment Surcharge Statement, flow measurements and laboratory analyses are required to measure the total volume of wastewater discharged including sanitary or patient wastewaters. For detailed requirements and Wastewater Treatment Surcharge Statements, the Surcharge Section can be contacted at (562) 908-4288, extension 2600 or surchargeinfo@lacsdsd.org.

MAIL-IN FILING

Line by Line Instructions for Completing the Hospital User Charge Statement

Line 1: Federal Tax Identification Number

The Federal Tax Identification Number is the number assigned to a business entity by the Internal Revenue Service.

Line 2: Acute Care Occupancy

On Line 2, list the average daily number of occupied acute care beds during the fiscal year. This number may be obtained by totaling the number of adult and pediatric (excluding newborn infant) patient days during the fiscal year for intensive and acute care units, then dividing by 365 days. Round the figure to two decimal places and enter on Line 2. Please submit a copy of the hospital "Patient Census Statistics."

Line 3: Skilled Nursing and/or Intermediate Care Occupancy

On Line 3, list the average daily number of occupied skilled nursing beds plus the average daily number of occupied intermediate care beds (if any) during the fiscal year. This number may be obtained by totaling the number of adult and pediatric (excluding newborn infant) patient days for both units during the fiscal year, then dividing by 365 days. Round the figure to two decimal places and enter on Line 3. Please submit a copy of the hospital "Patient Census Statistics."

Line 4: Acute Care User Charge

To obtain this value, multiply Line 2 by the rate on Line 4 and enter this amount on Line 4.

Line 5: Skilled Nursing and/or Intermediate Care User Charge

To obtain this value, multiply Line 3 by the rate on Line 5 and enter this amount on Line 5.

Line 6: Total Hospital Wastewater Treatment User Charge Payable

To determine the amount for Line 6, add Line 4 and Line 5. This amount represents the total User Charge payment due the Sanitation Districts for treatment of wastewater from your hospital. A check, cashier's check or money order made payable to the Los Angeles County Sanitation Districts should be submitted for the amount on Line 6. See the Contacts and Information Section for credit/debit card options.

Payment due should be submitted by the due date (U.S. Postmarked no later than the due date). Payments received after the due date are subject to a 1 percent penalty for each day the charge is delinquent (not to exceed 10 percent) and will accrue an interest penalty charge at 3 percent over the prime interest rate in effect July 1, compounded monthly, until the balance is paid.

Any claimed overpayments will be refunded by the Districts upon verification. The Districts, in their sole and absolute discretion, will consider any requests for refunds based on the materials submitted. If the Districts determine that a refund is due, any amounts owed will be applied first to any outstanding accounts or amounts then due and owing, with any remaining balance being refunded to the payor.

Line 7: Signature

The signature of a Hospital Administrative Officer is required.

Line 8: Date

The date the User Charge Statement is signed.

Line 9: Name and Position

Print the name and position of the Hospital Administrative Officer signing the User Charge Statement.

Line 10: Prepared By

Print the name of the person responsible for the preparation of the document.

Line 11: Telephone Number

Print the telephone number of the Administrative Officer who signs the User Charge Statement.

ONLINE-FILING – HOSPITAL FORM (IWFORS)

Industrial Waste Facility Online Reporting System (IWFORS)

INSTRUCTIONS FOR COMPLETING THE “HOSPITAL FORM” Industrial Waste Facility Online Reporting System (IWFORS)

A “Hospital Form” or Hospital User Charge Statement in IWFORS contains five tabs: (1) Basic Info, (2) Attachment, (3) Payment, (4) Review, and (5) Submission. Please follow the instructions in this document to complete a “Hospital Form” in IWFORS.

BASIC INFO

The “Basic Info” tab has seven main sections, sections 1 through 6 contain auto-populated information that is not editable.

The screenshot displays the 'Hospital Form' interface with the following sections and callouts:

- Navigation Tabs:** 1 Basic Info, 2 Attachment, 3 Payment, 4 Review, 5 Submission. A callout box states: "A 'Hospital Form' contains six tabs".
- General Information:** Includes fields for Surcharge Program Representative Name, Surcharge Program Representative Phone Extension, and Last Updated By.
- Facility Information:** Includes Fiscal Year (2020-2021), District No. (15), Facility ID (9244627), Latitude (34.558), and Longitude (-117.6632). A callout box points to the Facility ID field.
- Facility Mailing Address:** Includes a checkbox for "Same as Facility Location", Address Line 1 (1955 Workman Mill Road), Address Line 2, City (Whittier), State (CA (California)), and Zip Code (90601). A callout box points to the facility name and address.
- Address of Wastewater Discharge:** Includes a checkbox for "Same as Facility Location", Address Line 1 (1955 Workman Mill ROAD), Address Line 2, City (Whittier), State (CA (California)), and Zip Code (90601).
- Property Tax Identification:** Includes Parcel No. (0123456789).
- Discharge Outlets to Sewer:** Includes Permit Number (22717).

A large diagonal watermark "SAMPLE FACILITY" is overlaid on the form.

- Verify “Basic Info” auto-populated in sections 1 through 6:

General Information

- Surcharge Program Representative Name
- Surcharge Program Representative Phone Extension
- Last Updated By

Facility Information

- Fiscal Year (NOTE: This is the fiscal year of the surcharge statement.)
- District No. (NOTE: This is the Sanitation District No. for your facility.)
Facility name & address
Facility ID (NOTE: _ Facility ID is highlighted in green)

Facility Mailing Address

NOTE: Mailing address may be different from the facility address:

- Address Line 1
- Address Line 2
- City, State, and Zip Code

Address of Wastewater Discharge

NOTE: Mailing address may be different from the facility address:

- Address Line 1
- Address Line 2
- City, State, and Zip Code

Property Tax Identification

- Parcel No.

Discharge Outlets to Sewer




NOTE: This should include all active permit(s) for this facility

- Permit Number

If you find information auto-populated in Sections 1 through 6 to be inconsistent with your facility, please contact the Surcharge Program Representative listed under the “General Information” section, the Surcharge Section at (562) 908-4288, ext. 2600, or surchargeinfo@lacsdsd.org

Wastewater Treatment Surcharge Payable

This is Section 7 of the “Basic Info” tab and is used to determine the “Wastewater Treatment Surcharge Payable” amount. The purpose and explanation of a Hospital Form have been previously provided in the [Instructions for Filing a Hospital Wastewater Treatment User Charge Statement](#).

- TIPS: (1) Click  or the “Tool Tip” button located throughout the “Hospital Form” to learn more about a specific item.
- (2) Periodically click  or the floating “Save” button on the bottom right of the screen to save your work.
- (3)  or red exclamation mark indicates input is required for a section

- Enter “Acute Care Occupancy – Average daily occupied bed census during the Fiscal Year”

- NOTES: (i) This number may be obtained by totaling the number of adult and pediatric (excluding newborn infant) patient days during the fiscal year for intensive and acute care units, then dividing by 365 days.
- (ii) Round the figure to two decimal places.
- (iii) Submit a copy of the hospital “Patient Census Statistics” with the Hospital User Charge Statement using the [Attachment](#) tab.

- Enter “Skilled Nursing and/or Intermediate Care Occupancy – Average daily occupied bed census during the Fiscal Year”

- NOTES: (i) This number may be obtained by totaling the number of adult and pediatric (excluding newborn infant) patient days for both units during the fiscal year, then dividing by 365 days.
- (ii) Round the figure to two decimal places
- (iii) Submit a copy of the hospital “Patient Census Statistics” with the Hospital User Charge Statement using the “[Attachment](#)” tab.

Wastewater Treatment Surcharge Payable		
WASTEWATER TREATMENT SURCHARGE PAYABLE	Company Calculated	Districts Calculated
1. Acute Care Occupancy - Average daily occupied bed census during the Fiscal Year	<input type="text" value="100.00"/>	Enter the number of occupied beds
2. Skilled Nursing and/or Intermediate Care Occupancy - Average daily occupied bed census during the Fiscal Year	<input type="text" value="50.00"/>	Auto-calculated
3. Acute Care User Charge ?	\$ <input type="text" value="30830.00"/>	\$30,830.00
4. Skilled Nursing and/or Intermediate Care User Charge ?	\$ <input type="text" value="4940.00"/>	\$4,940.00
5. Total Hospital Wastewater Treatment User Charge Payable ?	\$ <input type="text" value="35770.00"/>	\$35,770.00



“Company Calculated” and “Districts Calculated” values for “Acute Care User Charge”, “Skilled Nursing and/or Intermediate Care User Charge”, and the “Total Hospital Wastewater Treatment User Charge Payable” amount are auto-calculated.

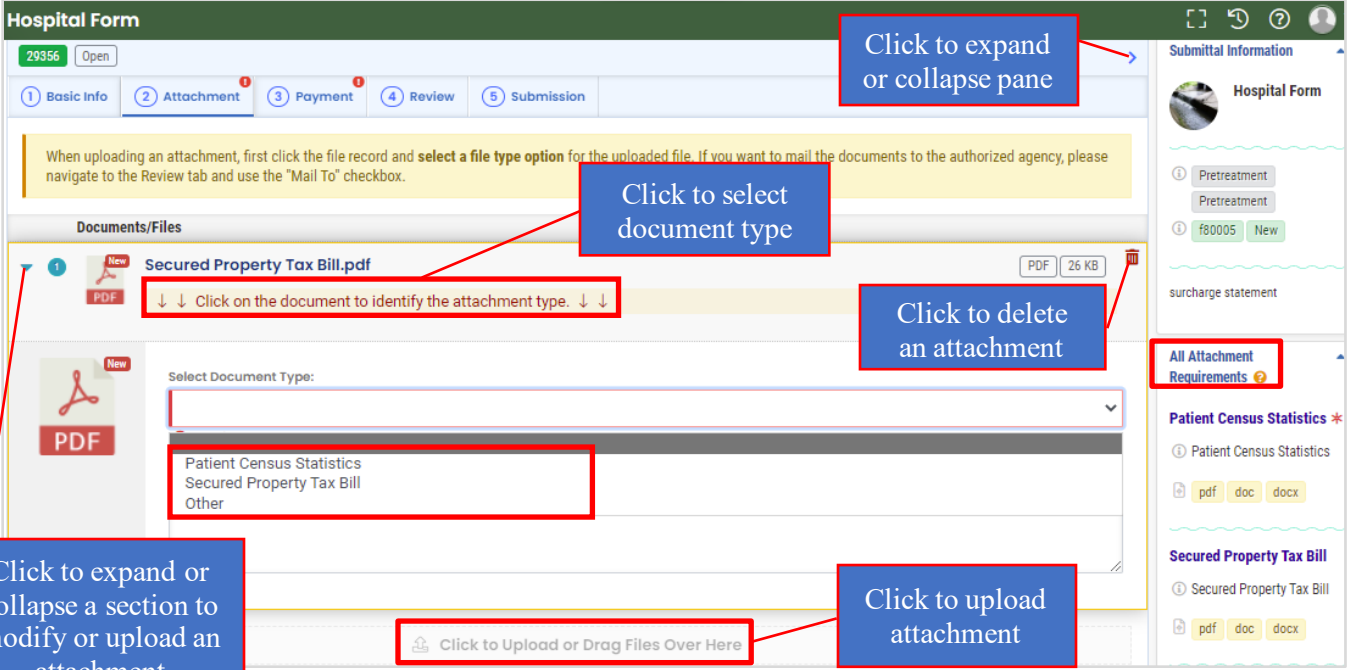
- NOTES: (i) The Total Hospital Wastewater Treatment User Charge Payable” amount represents the total User Charge payment due the Sanitation Districts for treatment of wastewater from your hospital.
- (ii) A check, cashier’s check, or money order made payable to the Los Angeles County Sanitation Districts should be submitted for the “Total Hospital Wastewater Treatment User Charge Payable” amount. Alternatively, payment may be made by debit or credit card by using the “[Payment](#)” tab of this Hospital Form.
- (iii) Payment due should be submitted by the due date (U.S. Postmarked no later than the due date). Payments received after the due date are subject to a 1 percent penalty for each day the charge is delinquent (not to exceed 10 percent) and will accrue an interest penalty charge at 3 percent over the prime interest rate in effect July 1, compounded monthly, until the balance is paid.

Any claimed overpayments will be refunded by the Sanitation Districts upon verification. Verification may require an in-depth audit; therefore, a refund may not be immediately sent. The Sanitation Districts, in their sole and absolute discretion, will consider any requests for refunds based on the materials submitted. If the Sanitation Districts determine that a refund is due, any amounts owed will be applied first to any outstanding accounts or amounts then due and owing, with any remaining balance being refunded to the payor.

ATTACHMENT

A list of applicable attachments for a Hospital Form is shown under “All Attachment Requirements” on the right side or pane of the “Attachment” tab. A mandatory attachment is marked with an “*” or red asterisk next to the attachment name.



- Click  or the arrow button to expand or collapse the active pane of the of the “Attachment” tab.
- Click  **Click to Upload or Drag Files Over Here** or the “Click to Upload or Drag Files Over Here” button to upload the electronic version of an attachment (NOTE: Check the “Mail to” box in the “[Review](#)” tab if the attachment will be submitted using regular mail.



The screenshot shows the 'Attachment' tab of a 'Hospital Form' with the following callouts:

- Click to expand or collapse pane**: Points to the 'Attachment' tab header.
- Click to select document type**: Points to the 'Select Document Type' dropdown menu.
- Click to delete an attachment**: Points to the delete icon (trash can) next to the 'Secured Property Tax Bill.pdf' attachment.
- Click to expand or collapse a section to modify or upload an attachment**: Points to the 'All Attachment Requirements' section on the right sidebar.
- Click to upload attachment**: Points to the 'Click to Upload or Drag Files Over Here' button at the bottom.
- Click on the document to identify the attachment type**: Points to the 'Secured Property Tax Bill.pdf' document card.

A list of mandatory and other applicable attachments for a “Hospital Form” is provided and described below:

- “Patient Census Statistics” – Mandatory if your hospital reported “Acute Care Occupancy” and/or “Skilled Nursing and/or Intermediate Care Occupancy” average daily occupied bed census during the Fiscal Year.
 - “Other” – Provide additional explanation as needed (Optional)
- Click  **Click on the document to identify the attachment type**  or the “Click to Upload or Drag Files Over Here” button to identify the document type for each attachment uploaded.
 - Select the document type for the attachment uploaded from the “Select Document Type” dropdown list.

PAYMENT

The “Surcharge Fee” due equals to the “Total Hospital Wastewater Treatment User Charge Payable” amount calculated in Section 8 of the “Hospital Form” and is auto-populated in the “Payment” tab.

- Click on the or the radio button to select your payment method: “Online Payment” or “Check by Mail”
- If the “Online Payment” method is selected, proceed to click <https://payments.lexisnexis.com/ca/lacounty/sanitationadministration> or the “<https://payments.lexisnexis.com/ca/lacounty/sanitationadministration>” link to make payment using the Los Angeles County Sanitation Districts’ LexisNexis VitalChek Network Inc. website.
- If the “Check by Mail” method is selected, following the instructions to submit surcharge fee due by mail to the address provided.

Hospital Form
29356 Open

1 Basic Info 2 Attachment 3 **Payment** 4 Review 5 Submission

Payment Method:
 Online Payment Check by Mail

Please use the following link to make the payment: <https://payments.lexisnexis.com/ca/lacounty/sanitationadministration>

Fee: \$ 35,770.00 - Paid: \$ 0.00 = Due: \$ 35,770.00

“Surcharge Fee” Due

Click to make payment using the LexisNexis VitalChek Network Inc. website

Fees
Surcharge Fee \$ 35,770.00

Payment Transactions
No payment transaction records.

Hospital Form
29356 Open

1 Basic Info 2 Attachment 3 **Payment** 4 Review 5 Submission

Payment Method:
 Online Payment Check by Mail

Please mail the check to:
Los Angeles County Sanitation Districts
Surcharge Section
P.O. BOX 4998
Whittier, CA 90607-4998

Instructions for submission of the surcharge fee due by mail

Fee: \$ 35,770.00 - Paid: \$ 0.00 = Due: \$ 35,770.00

“Surcharge Fee” Due

Fees
Surcharge Fee \$ 35,770.00

Payment Transactions
No payment transaction records.

Mail-in address for submission of the surcharge fee due (Check by Mail) is also provided in these [Instructions for Filing a Hospital Wastewater Treatment User Charge Statement](#).

REVIEW

The “Review” tab provides a final checklist of the mandatory information and attachments for the “Hospital Form”. A “√” or green check is displayed next to “Basic Info” if mandatory information has been submitted and a “×” or red “x” is displayed if mandatory information is missing from the tab.

- Review “Submittal Form(s) Summary” to make sure mandatory information and attachments have been submitted.
- Check the “Mail to” box in the “Review” tab if the attachment will be submitted using regular mail.


Hospital Form

29356

1 Basic Info 2 Attachment 3 Payment 4 Review 5 Submission

Review your submittal and any attachments. Save any changes you have made before returning to this page, and proceed to the Submission page.

Submittal Form(s) Summary

Please check if the following sections are completed. Click on the PDF () hyperlink to open/save/print the PDF form.

✓ Basic Info

A green “√” indicates mandatory information has been provided for “Basic

Fees/Payments

Fee	Paid	Due
\$ 35,770.00	– \$ 0.00	= \$ 35,770.00

Mandatory Attachment

Missing Required Attachment.



* Patient Census Statistics	Patient Census Statistics	pdf doc docx	<input type="checkbox"/> Mail to
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Uploaded Attachment

Click “Mail to” checkbox to submit attachment using regular mail

SUBMISSION

Certify and submit the surcharge statement by proceeding with the following:

- Read the “Certification Statement”
- Toggle switch the  or the slider button to certify statement
- Answer the “Security Questions”
- Enter the “PIN” Number” (TIP: Your PIN can be reset in the “My Account” module.)
- Press  or the “Submit” button to submit Hospital User Charge Statement

1 Basic Info 2 Long Form 3 Attachment 4 Payment 5 Review 6 Submission

Certification Statement

Declaration of accuracy information provided: *

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all information submitted has been properly evaluated. The information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and/or imprisonment for knowingly submitting false information.

I have read and agree to the above certification statement

Toggle switch the slider button to blue

Security Question

Security Question: What is the first and last name of your oldest sibling? *

Show Question Answer

Enter answer for “Security Question”

PIN Number

PIN: *

Enter PIN


Security Precautions

To prevent your information from being used inappropriately, we maintain GovOnline's stringent electronic safeguards as well as physical and administrative protection. In addition, the security safeguards are also powered by VeriSign's Certificates and Authorize.NET's PCI compliant processes. Once we provide you with a password, you are responsibility for maintaining the confidentiality of the password. Please note that access to these links, irrespective of the issuance of the User ID and Password, ay be terminated by our discretion at any time.

Disclaimer


The GovOnline system of Township, its agencies, officers, or employees would dedicate their best efforts to protect your confidential information. However, personally identifiable information privacy is an evolving area, and despite dedicated efforts, some mistakes and misunderstandings may result. The visitor proceeds to any external sites at their own risk. Township and its GovOnline system development company specifically disclaim any and al liability from damages which may result from the accessing the web site, or from reliance upon any such information.


Press to submit



Upon submission, a notification will be sent to your IWFORs user email account. A printable copy of the submittal receipt is available by pressing the  button.

1 Receipt

 **Submission Successful**

Please click  to print your receipt. Click to print submittal receipt for the surcharge statement

Submittal Summary

Submittal ID:	27317	Submitted Date:	2021-07-15
Submitted By:	Surcharge User surchargeinfo@lacsds.org	Owner Information:	Surcharge User surchargeinfo@lacsds.org

Form Detail

Submittal Name:	ESurcharge - Long Form	Submitted Method:	Online Submission
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Payment Detail

Payment Date	Fee Amount	Paid Amount	Payment Method
Total:	194970.17	0	

**TO AVOID PENALTY AND INTEREST PENALTY CHARGES, YOUR PAYMENT IS DUE ON
AUGUST 15**

MAILING ADDRESS:

Los Angeles County Sanitation Districts
Surcharge Section
1955 Workman Mill Road
P.O. Box 4998
Whittier, CA 90607-4998

Electronic submission of Surcharge Statement Packages and Payments are strongly encouraged.

Submission of Surcharge Statement Packages and all back up may be emailed to surchargeinfo@lacsdc.org.

CONTACT AND INFORMATION SECTION

INDUSTRIAL WASTEWATER INFORMATION

Please refer to the Sanitation Districts' website http://www.lacsd.org/wastewater/industrial_waste/default.asp to learn more about the following:

- Wastewater Connection Fee Ordinances
- Industrial Wastewater Flow Measurement Requirements
- Guidelines for the Discharge of Rainwater, Stormwater, Groundwater and Other Water Discharges
- Information, Instructions and Forms for obtaining an Industrial Waste Discharge Permit
- Discharge Limit
- Surcharge Forms and Tables

http://www.lacsd.org/wastewater/industrial_waste/iwpolicies/surcharge_program/surcharge_forms_n_booklets.asp

For questions about the Surcharge and Connection Fee Programs, you may contact the Surcharge Section at (562) 908-4288, extension 2600 or surchargeinfo@lacsd.org

ONLINE PAYMENT OPTIONS

The Sanitation Districts accept American Express, Discover, MasterCard, Visa Debit/Credit Cards and e-Checks online at lacsd.org and are subject to no fee for e-Checks and a convenience fee of 2.17% for Credit Cards. This is strictly a pass-through fee collected by the credit card processor. The Sanitation Districts do not profit in any way from these fees.

WIRE TRANSFER OR ACH PAYMENTS

Please email surchargeinfo@lacsd.org when sending a wire or ACH payment and provide your Facility ID and information regarding where the payment should be applied.

Wire Transfer:

Bank of America
333 S. Hope Street, 13th Floor
Los Angeles, CA 90071
ABA: 026009593
Account Name: County Sanitation Districts of Los Angeles County
Account No: 0036780223

ACH Transfer:

Bank of America
333 S. Hope Street, 13th Floor
Los Angeles, CA 90071
ABA: 121000358
Account Name: County Sanitation Districts of Los Angeles County
Account No: 0036780223

REPORT FRAUD

HOTLINE: (562) 908-4290

An anonymous message may be left on the Hotline voicemail system 24/7.

ONLINE:

<http://www.lacsd.org/aboutus/contact/report.asp>

An anonymous message may be submitted using the online form

EMAIL:

codeofconduct@lacsd.org

Email notification will **NOT** be anonymous

DEFINITIONS

ACUTE (GENERAL) CARE HOSPITAL is defined by the California Administrative Code as a health facility with an organized medical staff which provides 24-hour inpatient care, including the following basic services:

Medical Laboratory Nursing Radiology Surgical Pharmacy Anesthesia Dietary

ACUTE PSYCHIATRIC CARE HOSPITAL is defined by the California Administrative Code as a health facility with an organized medical staff which provides 24-hour inpatient care, including the following basic services:

Medical Pharmacy Nursing Dietary Rehabilitative

CONNECTION FEE is a payment required of all new users of the sewerage system, as well as existing users who expand their wastewater discharge by more than 25% and is based upon the quantity and the quality of their wastewater discharge. This connection fee applies to residential, commercial and industrial dischargers. The connection fee is to be paid prior to the time the facility is connected to the sewer or, in the case of expanding facilities, at the time of increase of the wastewater discharge.

CONTIGUOUS PROPERTY is property which is owned or hired by the industrial wastewater discharger, is contiguous to the source of industrial wastewater discharge, and is made up of land parcels with common boundaries or parcels separated only by publicly owned or operated rights-of-way. Publicly owned rights-of-way include those owned or operated by railroad, pipeline, water, power, electrical, gas, telephone or other public utility companies. Only those parcels having a common boundary, if the public right-of-way is removed, shall be considered contiguous.

GENERAL ACUTE CARE BED means beds designated for burn, coronary, intensive care, medical-surgical, pediatric, perinatal, rehabilitation, acute respiratory or tuberculosis patients receiving 24-hour medical care. Specialized care beds with respect to special hospitals, i.e., Psychiatric Hospitals, shall be considered to be general acute care beds.

INPATIENT is a person who is provided with room, board and continuous general nursing service in an area of the hospital where patients stay overnight.

INTERMEDIATE CARE BED means beds designated to provide inpatient care to ambulatory or semi-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

PATIENT DAY is a unit of measure denoting lodging facilities provided and services rendered to one inpatient between the census taking hour on two successive days. Synonymous terms: inpatient day, census day, inpatient service day, bed occupancy day.

SKILLED NURSING CARE BED means beds designated to provide skilled nursing care and supportive care to patients whose primary need is for availability or skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes medical, nursing, dietary, pharmaceutical services and an activity program.

WASTEWATER is the liquid-carried wastes of the community derived from human or industrial sources including domestic wastewater and industrial wastewater. Rainwater, groundwater or drainage of uncontaminated water is not wastewater and is not permitted to be discharged to the sewer.

CHARGE CRITERIA FOR ACUTE CARE BEDS

Quantity Criteria – Wastewater Flow – 319 gallons per bed per day

Quality Criteria – Chemical Oxygen Demand (Decomposable Material) Concentration - 605 milligrams/liter
Suspended Solids (Filterable Material) Concentration – 144 milligrams/liter

CHARGE CRITERIA FOR SKILLED NURSING AND/OR INTERMEDIATE CARE BEDS

Quantity Criteria – Wastewater Flow – 90 gallons per bed per day

Quality Criteria – Chemical Oxygen Demand (Decomposable Material) Concentration – 514 milligrams/liter
Suspended Solids (Filterable Material) Concentration – 270 milligrams/liter